

MAY 15 1940

Registration District No. 791

Primary Registration District No. 1003

State File No. _____

Registrar's No. 3152

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
En Route City Hospital #1
(If not in hospital or institution, write street number or location) 3
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1814a So. Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 57 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 12 year 1940 hour _____ minute _____ M. P.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Primary Occlusion
Myocardium
Due to: _____
Due to: arteriosclerosis
Other conditions: arteriosclerosis
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: _____
Of operations: _____
Of autopsy: aut
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
Means of injury _____

23. Signature [Signature] (M. D. or other) 5
Address [Signature] Date signed 4.5.40

3. (a) PRINT FULL NAME Frank K. Greiner 656

8. (b) If veteran, name war Nil 3. (c) Social Security No. Nil

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Josephine Greiner 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: 3/31/62
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 33 If less than one day _____ hr. _____ min.

9. Birthplace: _____ (City, town, or county) Germany (State or foreign country)

10. Usual occupation: Butcher

11. Industry or business _____

12. Name: John Greiner

13. Birthplace: _____ (City, town, or county) Germany (State or foreign country)

14. Maiden name: Anna Spitzeder

15. Birthplace: _____ (City, town, or county) Germany (State or foreign country)

16. (a) Informant: John Bergmann

(b) Address: 1814a So. Broadway

17. (a) Burial (b) Date thereof: April 8, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: S. S. Peter & Paul

18. (a) Signature of funeral director: [Signature]

(b) Address: 1926 Allen, Ave.

19. (a) APP - 5 1940 (b) [Signature]
(If received by telegraph)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Benny C. Duncan

Licensed Embalmer No. *2272*

P. O. Address *1926 Allen*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.